

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**

Division of Children and Family Services  
CFS-1675 (Rev. 12/2000)

**STATE OF WISCONSIN**

**DAY CARE CHILD RECORD CHECKLIST**

**Use of form:** Use of this form is voluntary. The form is intended for use as a review document by child care centers, family child care homes, and licensing specialists. Personally identifiable information will only be used to identify individual records.

**Instructions:** A check mark indicates the required information is in the child's file. First day of attendance, birthdate and physical exam date should be entered. If additional space is needed, attach a separate sheet.

Name - Day Care Center				Address - (Street, City, Zip Code)										Telephone Number				
	Enrollment										Physical	Immunization Record		Infant / Toddler Intake				
Name - Child	Birthdate	Date - First day of attendance	Child's home address and telephone number	Parent(s) contact information	Emergency contact	Authorization to call for child	Medical contact	Emergency medical permission	Health history	Field permission	Date	Form in file	Parent(s) signature	Immunization dates recorded	Initial	Update	Transportation authorization	School age release
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9.																		
10.																		
SIGNATURE - Person Completing Form															Date Signed			